



**PROJECT RISK ASSESSMENT FORM**

**Construction / Renovation Projects** *(To be completed by Contractor & Submitted Prior to Project Start-up)*

- Renovation/ Alteration     New Construction     other (specify)

\_\_\_\_\_

Project Name: \_\_\_\_\_ Project No.: \_\_\_\_\_

Associated Department(s) \_\_\_\_\_

Project Coordinator: \_\_\_\_\_ Extension: \_\_\_\_\_

Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Project Location: \_\_\_\_\_

Project Description: \_\_\_\_\_

Services of departments required for completion of project (check all that apply)

- |   |  |   |                                   |
|---|--|---|-----------------------------------|
| <input type="checkbox"/> Ancillary Services | <input type="checkbox"/> Campus Planning | <input type="checkbox"/> Plant Operations | <input type="checkbox"/> Security |
| <input type="checkbox"/> Campus Services    | <input type="checkbox"/> Receiving       | <input type="checkbox"/> Municipal        | <input type="checkbox"/> CCS      |
| <input type="checkbox"/> Other _____        |  |   |                                   |

Affect of project on other Ryerson departments

- Department (name) \_\_\_\_\_  Students     Faculty

Description \_\_\_\_\_

Utilities required for the project

- |                                      |                                  |   |                                      |
|--------------------------------------|----------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Natural gas | <input type="checkbox"/> Propane | <input type="checkbox"/> Compressed Air   | <input type="checkbox"/> Vacuum      |
| <input type="checkbox"/> Water       | <input type="checkbox"/> Steam   | <input type="checkbox"/> Hydro/Electrical | <input type="checkbox"/> Other _____ |

Equipment Serviced by these utilities

- Torches     Fumehoods     Other \_\_\_\_\_

Hazardous Materials Inventory

- |   |                                   |   |                                   |
|---|-----------------------------------|---|-----------------------------------|
| <input type="checkbox"/> Adhesives      | <input type="checkbox"/> Paint    | <input type="checkbox"/> Finishes (off gas) | <input type="checkbox"/> Solvents |
| <input type="checkbox"/> Epoxy coatings | <input type="checkbox"/> Asbestos | <input type="checkbox"/> Chemicals          |                                   |

Equipment Inventory

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Power Tools       | <input type="checkbox"/> Powder-Actuated Tools | <input type="checkbox"/> Scaffolding      | <input type="checkbox"/> Ladders         |
| <input type="checkbox"/> Cutting machinery | <input type="checkbox"/> Diagnostic Equipment  | <input type="checkbox"/> Rigging Devices  | <input type="checkbox"/> X-ray equipment |
| <input type="checkbox"/> Storage Tanks     | <input type="checkbox"/> Lift Devices          | <input type="checkbox"/> Mobile Machinery | <input type="checkbox"/> Other _____     |

List Permits / Special licensing requirements required for this project

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Building Permit  | <input type="checkbox"/> Hot Work Permit | <input type="checkbox"/> Red Tag Permit | <input type="checkbox"/> Hydro Inspection |
| <input type="checkbox"/> Fire Alarm Verification <input type="checkbox"/> Other _____ |  |   |   |
| <input type="checkbox"/> Hazardous Waste Removal (describe) _____                     |  |   |   |

System shutdown requests required for this project (System Shutdown Request Application to be submitted accordingly)

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Sprinkler Drain Down | <input type="checkbox"/> Verifications / Mag locks | <input type="checkbox"/> Heating Water Shutdown | <input type="checkbox"/> Fire Standpipe Drain down |
| <input type="checkbox"/> Bypass Smoke Zones   | <input type="checkbox"/> Fan System Shutdown       | <input type="checkbox"/> Chilled Water Shutdown | <input type="checkbox"/> Bypass Pull Stations      |
| <input type="checkbox"/> Fire Alarm Speakers  | <input type="checkbox"/> Steam Shutdown            | <input type="checkbox"/> Natural Gas Shutdown   | <input type="checkbox"/> Domestic Water Shutdown   |

Electrical Panel       Other \_\_\_\_\_

Products produced from the work activities

Chemical       Emissions       Waste (type)

\_\_\_\_\_

Special disposal requirements for this project \_\_\_\_\_

Associated Hazards & Control Measures (check and describe control methods planned to use for each)

- Noise (above 85 dBA) \_\_\_\_\_
- Radiation / X-ray \_\_\_\_\_
- Heat / Cold \_\_\_\_\_
- Vibration \_\_\_\_\_

Associated Hazards & Control Measures (check and describe control methods planned to use for each) *cont'd*

- Excessive Weight (floor loading) \_\_\_\_\_
- Pressure Vessels (compressed air / gas) \_\_\_\_\_
- Flammable & Combustible Material \_\_\_\_\_
- Oxidizing Material \_\_\_\_\_
- Materials Causing Immediate Toxic Effects \_\_\_\_\_
- Materials Causing Other Toxic Effects \_\_\_\_\_
- Corrosive Materials \_\_\_\_\_
- Dangerously Reactive Material \_\_\_\_\_
- Designated Substances \_\_\_\_\_
- Asbestos \_\_\_\_\_
- Other \_\_\_\_\_

Hazard Communication

Do all of the chemicals being used for this project have Material Safety Data Sheets (MSDS) sheets available?

Yes  No  Where will they be located? \_\_\_\_\_

Have all members associated with the project reviewed the MSDS sheets ?

Yes  No  If no, state date completed by \_\_\_\_\_

Are emergency procedures for fire, chemical spill, injury etc. in place? (*posted at project site*)

Emergency Response Planning & Procedures       Review Exiting Requirements

Personal Protective Equipment (PPE) required for the project:

- Head Protection       Foot Protection       Eye protection       Hearing Protection
- Hand / Skin Protection       Respiratory Protection       Fall Protection

Describe local exhaust or general ventilation requirements used \_\_\_\_\_

List emergency response equipment on site

- Eyewash       First Aid Kit       Spill Control Kit       Fire Extinguisher
- Other \_\_\_\_\_

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## Project Authorization

I, \_\_\_\_\_ (Contractor), am aware of the possible / potential hazards and have taken all reasonable precautions necessary to control the associated hazards related to this proposed activity. I have orientated my staff on these hazards and necessary control measures, and ensured their competency to work in a healthy and safe manner. I have obtained the necessary licenses and permits, and have been given the necessary training. I have, or am in the process of forwarding all necessary documentation, including Material Safety Data Sheets and licenses, to the Campus Facilities & Sustainability Office.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Contractor)

Name of Firm: \_\_\_\_\_

Received by:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Project Coordinator)